

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/171960

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3			1			
4				1		
5					1	
6				1		
7					1	
8		1				
9			1			
10				1		
11			2			
12		1				
13		1				
14		1				
15		1				
16			1			
17			1			
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49						
50						
TOTAL IND.			9			
TOTAL DEP.			12			
TOTAL CLAIMS			21			

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						